

de for each, and the number of such in

case of more than one child at a birth, a SEPARATE RECORD shall be made of each child.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁰⁴ 291

Registered No. 291

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1014 Luis Oak St. St. _____ Ward _____

2. Full name of child Francisco Bejarano (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 1- 1928. Month Day Year

8. FATHER Full name Francisco Bejarano 14. MOTHER Full maiden name Rosa Flores

9. Residence (Usual place of abode) Miami, Arizona. 15. Residence (Usual place of abode) Miami, Arizona. If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 23 (Years) 16. Color or race Mex. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Silver City, New Mex. (State or country) 18. Birthplace (city or place) Tyrone, New Mex. (State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 3 (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 4 A. m. on the date above stated. (Born alive or stillborn)

Signature Byron M. Brown M.D. (Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year July 12, 28

Registrar. Lo E. Trim Registrar.

426-7019102